

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re _SUNRISE / HOVCARE L.P.

Case No. _16-13894 (JNP)
Reporting Period: MAY 2016

MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	X	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	X	
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	MOR-2	X	
Balance Sheet	MOR-3	X	
Status of Postpetition Taxes	MOR-4	N/A	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR-4	N/A	
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging	MOR-5	X	
Debtor Questionnaire	MOR-5	X	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

6-17-16

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

6-17-16

Robert W. Haslam
Printed Name of Authorized Individual

V.P. of Operations
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR
(9/99)

In re: SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" columns should be taken from the SMALL BUSINESS INITIAL REPORT (FORM IR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPER	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	134.88				134.88	109.88	-232.17	-232.17
RECEIPTS								
CASH SALES								
ACCOUNTS RECEIVABLE								
LOANS AND ADVANCES	1,669.11				1,669.11	2,257.53	2,373.59	3,295.13
SALE OF ASSETS								
OTHER (ATTACH LIST)						0.00	287.05	296.93
TRANSFERS (FROM DIP ACCTS)								
TOTAL RECEIPTS	1,669.11				1,669.11	2,257.53	2,660.64	3,592.06
DISBURSEMENTS								
NET PAYROLL								
PAYROLL TAXES								
SALES, USE, & OTHER TAXES	1,511.53				1,511.53	1,511.53	1,511.53	1,511.53
INVENTORY PURCHASES								
SECURED/ RENTAL/ LEASES								
INSURANCE						178.00		178.00
ADMINISTRATIVE	0.00					15.00	45.00	75.00
SELLING								
OTHER (ATTACH LIST)	157.58				157.58	553.00	412.06	1,180.48
OWNER DRAW *								
TRANSFERS (TO DIP ACCTS)								
PROFESSIONAL FEES								
U.S. TRUSTEE QUARTERLY FEES	0.00						325.00	325.00
COURT COSTS								
TOTAL DISBURSEMENTS	1,669.11				1,669.11	2,257.53	2,293.59	3,250.01
NET CASH FLOW								
RECEIPTS LESS DISBURSEMENTS	0.00				0.00	0.00	367.05	342.05
CASH - END OF MONTH	134.88				134.88	109.88	134.88	109.88

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	1,669.11
LESS: TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	0.00
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	0.00
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	1,669.11

FORM MOR-1
(9-99)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. **_16-13894 (JNP)**
Reporting Period: MAY 2016

Explanation

Bank account opened in April for D.I.P. account

Explanation for Other disbursements under Current month

Pymt for utilities	
Electric	103.88
S/W	53.70
	<u>157.58</u>

Explanations for Other Receipts under Cumulative Actual

Actual is funding to Sunrise prior to DIP account being opened
Clayton Urban ck 2491 to fund acct 3/4/16 \$287.05

Explanations for Other Disbursements under Cumulative Actual

Pymt for utilities	
Electric	304.66
S/W	107.40
	<u>412.06</u>

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

STATEMENT OF OPERATIONS
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	0.00	0.00
Less: Returns and Allowances	0.00	0.00
Net Revenue	0.00	0.00
COST OF GOODS SOLD		
Beginning Inventory	0.00	0.00
Add: Purchases	0.00	0.00
Add: Cost of Labor	0.00	0.00
Add: Other Costs (attach schedule)	0.00	0.00
Less: Ending Inventory	0.00	0.00
Cost of Goods Sold	0.00	0.00
Gross Profit	0.00	0.00
OPERATING EXPENSES		
Advertising	0.00	0.00
Auto and Truck Expense	0.00	0.00
Bad Debts	0.00	0.00
Contributions	0.00	0.00
Employee Benefits Programs	0.00	0.00
Insider Compensation*	0.00	0.00
Insurance	0.00	0.00
Management Fees/Bonuses	0.00	0.00
Office Expense	0.00	0.00
Pension & Profit-Sharing Plans	0.00	0.00
Repairs and Maintenance	22.74	22.74
Rent and Lease Expense	0.00	0.00
Salaries/Commissions/Fees	0.00	0.00
Supplies	0.00	0.00
Taxes - Payroll	0.00	0.00
Taxes - Real Estate	0.00	1,511.53
Taxes - Other	0.00	0.00
Travel and Entertainment	0.00	0.00
Utilities	126.53	538.59
Other (attach schedule)	0.00	97.50
Total Operating Expenses Before Depreciation	149.27	2,170.36
Depreciation/Depletion/Amortization	0.00	0.00
Net Profit (Loss) Before Other Income & Expenses	-149.27	-2,170.36
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	0.00	0.00
Interest Expense	0.00	0.00
Other Expense (attach schedule)	0.00	0.00
Net Profit (Loss) Before Reorganization Items	0.00	0.00
REORGANIZATION ITEMS		
Professional Fees	0.00	0.00
U. S. Trustee Quarterly Fees	0.00	325.00
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	0.00	0.00
Gain (Loss) from Sale of Equipment	0.00	0.00
Other Reorganization Expenses (attach schedule)	0.00	0.00
Total Reorganization Expenses	0.00	325.00
Income Taxes	0.00	0.00
Net Profit (Loss)	-149.27	-2,495.36

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-2

(9/99)

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

STATEMENT OF OPERATIONS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Filing to Date
Other Costs		
Other Operational Expenses		
Bank fees		45.00
Annual reporting State of NJ		52.50
Other Income		
Other Expenses		
Other Reorganization Expenses		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

FORM MOR-2 (CONT)
(9/99)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. _16-13894 (JNP)
Reporting Period: MAY 2016

Explanation

In re: SUNRISE / HOVCARE LP
Debtor

Case No. 16-13894 (JNP)
Reporting Period MAY 2016

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS		
Unrestricted Cash and Equivalents	134.88	-232.17
Restricted Cash and Cash Equivalents (see continuation sheet)	0.00	0.00
Accounts Receivable (Net)	4,208,322.72	4,208,322.72
Notes Receivable	0.00	0.00
Inventories	0.00	0.00
Prepaid Expenses	0.00	0.00
Professional Retainers	0.00	0.00
Other Current Assets (attach schedule)	0.00	0.00
TOTAL CURRENT ASSETS	4,208,457.60	4,208,090.55
PROPERTY AND EQUIPMENT		
Real Property and Improvements	203,300.00	203,300.00
Machinery and Equipment	0.00	0.00
Furniture, Fixtures and Office Equipment	0.00	0.00
Leasehold Improvements	0.00	0.00
Vehicles	0.00	0.00
Less Accumulated Depreciation	-152,000.00	-152,000.00
TOTAL PROPERTY & EQUIPMENT	51,300.00	51,300.00
OTHER ASSETS		
Loans to Insiders*	0.00	0.00
Other Assets (attach schedule)	0.00	0.00
TOTAL OTHER ASSETS	0.00	0.00
TOTAL ASSETS	4,259,757.60	4,259,390.55
LIABILITIES AND OWNER EQUITY		
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	126.53	0.00
Taxes Payable (refer to FORM MOR-3)	0.00	0.00
Wages Payable	0.00	0.00
Notes Payable	0.00	0.00
Rent / Leases - Building/Equipment	0.00	0.00
Secured Debt / Adequate Protection Payments	0.00	0.00
Professional Fees	0.00	0.00
Amounts Due to Insiders*	0.00	0.00
Other Postpetition Liabilities (attach schedule)	0.00	0.00
TOTAL POSTPETITION LIABILITIES	126.53	0.00
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	13,447.28	13,447.28
Priority Debt	0.00	0.00
Unsecured Debt	124,807.08	124,807.08
TOTAL PRE-PETITION LIABILITIES	138,254.36	138,254.36
TOTAL LIABILITIES	138,380.89	138,254.36
OWNER EQUITY		
Capital Stock	0.00	0.00
Additional Paid-in Capital	4,127,618.28	4,127,618.28
Partners' Capital Account	0.00	0.00
Owner's Equity Account	1,091.80	1,091.80
Retained Earnings - Pre-Petition	-17,373.89	-17,373.89
Retained Earnings - Postpetition	-2,495.36	0.00
Adjustments to Owner Equity (attach schedule)	0.00	0.00
Postpetition Contributions (Distributions) (Draws) (attach schedule)	2,735.88	0.00
NET OWNER EQUITY	4,121,376.71	4,121,136.19
TOTAL LIABILITIES AND OWNERS' EQUITY	4,259,757.60	4,259,390.55

*"Insider" as defined in 11 U.S.C. Section 101(31)

FORM MOR-3
(9/99)

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. __16-13894 (JNP)
Reporting Period: MAY 2016

BALANCE SHEET - continuation sheet

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Current Assets		
Other Assets		
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Postpetition Liabilities		
Adjustments to Owner Equity		
Postpetition Contributions (Distributions) (Draws)		
funding for pymt of invoices	2,735.88	
Hovbros Cinnaminson - \$1,669.11		
Hovbros Clayton Urban - \$541.53		
JS Hovnanian & Sons \$525.24		

Restricted Cash: cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

**UNITED STATES BANKRUPTCY COURT
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Case No. _16-13894 (JNP)
Reporting Period: MAY 2016

Explanation

Secured Debt - Taxes due to Twp \$13,447.28 pre-petition

Unsecured Debt - \$4,504.05 payables to vendors - \$38,555.65 suspense account - \$81,747.38 accrued payables
pre-petition

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding						0.00
FICA-Employee						0.00
FICA-Employer						0.00
Unemployment						0.00
Income						0.00
Other:						0.00
Total Federal Taxes	0.00	0.00	0.00	0.00	0.00	0.00
State and Local						
Withholding						0.00
Sales						0.00
Excise						0.00
Unemployment						0.00
Real Property						0.00
Personal Property						0.00
Other:						0.00
Total State and Local	0.00	0.00	0.00	0.00	0.00	0.00
Total Taxes	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable	126.53	0.00	0.00	0.00	0.00	126.53
Wages Payable	0.00	0.00	0.00	0.00	0.00	0.00
Taxes Payable	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Building	0.00	0.00	0.00	0.00	0.00	0.00
Rent/Leases-Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Secured Debt/Adequate Protection Payments	0.00	0.00	0.00	0.00	0.00	0.00
Professional Fees	0.00	0.00	0.00	0.00	0.00	0.00
Amounts Due to Insiders*	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Other:	0.00	0.00	0.00	0.00	0.00	0.00
Total Postpetition Debts	126.53					

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-4
(9/99)

In re SUNRISE / HOVCARE L.P.
Debtor

Case No. 16-13894 (JNP)
Reporting Period: MAY 2016

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	4,208,323
+ Amounts billed during the period	0
- Amounts collected during the period	0
Total Accounts Receivable at the end of the reporting period	4,208,323

Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	0
61 - 90 days old	0
91+ days old	4,208,323
Total Accounts Receivable	4,208,323
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	4,208,323

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.		X
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

The receivable balance is comprised of intercompany receivables, \$4,208,232. This amount was reported as the pre-petition balance.

FORM MOR-5
(9/99)

BANK RECONCILIATION

MONTH: MAY

COMPANY: SUNRISE I - PARKE BANK

PREPARED BY: SLP

DATE: 6/14/2016

General Ledger Beginning Balance:

134.88

Deposits:

1,669.11

Disbursements:

-1,669.11

Prior Month's Adj Jes:

Prior Month's Adj Jes:

Current Month Adjusting Entries:

GENERAL LEDGER ENDING BALANCE

134.88

Bank Fees:

Interest:

Adjusted General Ledger Ending Balance

134.88

Add: Outstanding Checks

0.00

CHECK	DATE	AMOUNT
-------	------	--------

Reconciled General Ledger Balance

134.88

Bank Ending Balance:

Sweep

Operating

Cash

134.88

134.88

Adjustments to Bank Balance (Operating)

Bank Adjusted Balance

134.88

Reconciliation Difference

0.00



Statement Ending 05/31/2016

**Statement Ending 05/31/2016**

Page 3 of 4

STOKES/BOWCASE, L.P. - DEP 16-13894(JNP)
 100 BROADWAY 2ND FL
 NEW YORK, NY 10038

008807

DATE 5/25/2016 7:17:11

TO THE ORDER OF U.S. TRUSTEE

Three Hundred Twenty Five Dollars and No Cents

U.S. TRUSTEE
 P.O. BOX 2400
 ATLANTA, GA 30301-0240

MEMO TO THE ORDER OF: 16-13894(JNP)

5507 \$325.00

008807

5507 \$325.00

05/25/2016 127 11 001 30476 30065

4000 00001230065

STOKES/BOWCASE, L.P. - DEP 16-13894(JNP)
 100 BROADWAY 2ND FL
 NEW YORK, NY 10038

005508

DATE 5/25/2016 10:27:11

TO THE ORDER OF PUBLIC SERVICE BANC & CO

One Hundred Three Dollars and Eighty Eight Cents

PUBLIC SERVICE BANC & CO
 P.O. BOX 14444
 NEW BRUNSWICK, NJ 08902-4444

MEMO TO THE ORDER OF: 16-13894(JNP)

5508 \$103.88

005508

5508 \$103.88

05/25/2016 127 11 001 30476 30065

4000 00001230065

STOKES/BOWCASE, L.P. - DEP 16-13894(JNP)
 100 BROADWAY 2ND FL
 NEW YORK, NY 10038

003509

DATE 5/25/2016 10:11:11

TO THE ORDER OF DEPT OF TOWNSHIP MIA

Fifty Three Dollars and Seventy Cents

DEPT OF TOWNSHIP MIA
 P.O. BOX 1401
 DEPTFORD, NJ 08050

MEMO TO THE ORDER OF: 16-13894(JNP)

5509 \$53.70

003509

5509 \$53.70

05/25/2016 127 11 001 30476 30065

4000 00001230065

STOKES/BOWCASE, L.P. - DEP 16-13894(JNP)
 100 BROADWAY 2ND FL
 NEW YORK, NY 10038

006810

DATE 5/25/2016 11:27:11

TO THE ORDER OF DEPT OF TOWNSHIP

One Thousand Five Hundred Eleven Dollars and Fifty Three Cents

DEPT OF TOWNSHIP
 1811 CYPRESS ST
 DEPTFORD, NJ 08050

MEMO TO THE ORDER OF: 16-13894(JNP)

5510 \$1,511.53

006810

5510 \$1,511.53

05/25/2016 127 11 001 30476 30065

4000 00001230065

SUNRISE / HOVCARE L.P. - D.I.P. - 16-13894 (JNP)
General Ledger for a Specific Account
1/1/2016 to 5/31/2016

GL ACCOUNT: 100112		PARKE BANK - D.I.P.																	
Date	Reference	Posting Remarks	Debit	Credit	Cost/Cnt	Vendor	Invoice	CHK#	Sect	House	CostCode								
4/21/2016	336863 JE	CLOSE OUT & TRANSFER OPERATING BALANCE TO NEW D.I.P. ACCOUNT -	\$9.88																
4/21/2016	336794 JE	FUND NEW PARKE BANK D.I.P. ACCOUNT VIA JSH,LLC TRANSFER -	\$100.00																
4/28/2016	336977 CK	CHECK PROCESSING OF WO/PO - CHECK PROCESSING		\$325.00															
4/28/2016	336984 CR	TRANSFER FUNDS FROM JSH,LLC TO #612 SUNRISE HOVCARE D.I.P 16-13894 (JNP) ACCOUNT	\$350.00																
		Total for the Month:	\$459.88	\$325.00															
5/4/2016	337282 CK	CHECK PROCESSING OF WO/PO - CHECK PROCESSING		\$1,669.11															
5/6/2016	337429 CR	FUNDING FOR CHECK RUN 5/4/16 - CINNAMINSON CK 277 -	\$1,669.11																
		Total for the Month:	\$1,669.11	\$1,669.11															
			\$2,128.99	\$1,994.11															
		Ending Balance for the Period																\$134.88	
			\$2,128.99	\$1,994.11															
		Account Balance																\$134.88	

Document Page 17 of 19
SUNRISE / HOVCARE L.P. - D.I.P. - 16-13894 (JNP)

Check Register
5/1/2016 to 5/31/2016

Sub Co	Check#	Status	Check Date	Amount	Vendor	Paid To Order of	Bank	Manual	SRC
Cash Account 100112									
612	005508		5/4/2016	103.88	005000	PUBLIC SERVICE ELEC & GAS	A	<input type="checkbox"/>	C
612	005509		5/4/2016	53.70	NOF	DEPTFORD TOWNSHIP MUA	A	<input type="checkbox"/>	C
612	005510		5/4/2016	1,511.53	NOF	DEPTFORD TOWNSHIP	A	<input type="checkbox"/>	C

Account Total: 1,669.11

Register Total: 1,669.11

VOIDS Total: 0.00

Net Paid: 1,669.11

Register Total: 1,669.11

VOIDS Total: 0.00

Net Paid: 1,669.11

A/P Aged Invoice Report

As of 05/31/2016

Vendor	Name	Invoice#	Inv Date	Due Date	Balance	Current	Due	30	60	90	120
Company: 612 SUNRISE / HOVCARE L.P. - DIP SUNRISE I											
005000	PUBLIC SERVICE ELEC	3804	APR2016	4/29/2016	5/6/2016	72.02	72.02				
Vendor Totals:					72.02	72.02					
NOF	DEPTFORD TOWNSHIP	3046	MAY2016	5/5/2016	5/5/2016	54.51	54.51				
Vendor Totals:					54.51	54.51					
Company Totals:					126.53	126.53					
Company: 612											



CERTIFICATE OF LIABILITY INSURANCE

JSHOV-6

OP ID: KD

DATE (MM/DD/YYYY)

04/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Martin Company 500 Jessup Road West Deptford, NJ 08068 Sam Martin		CONTACT NAME: PHONE (A/C No, Ext): 856-845-3636 FAX (A/C No): 856-845-9191 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Evanston Ins Co	
		INSURER B: Travelers Ind Co. of Amer	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		3C41325	04/06/2016	04/06/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 60,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Building Coverage		QT 660 6807P897 TIA 11	04/06/2016	04/06/2017	239,000 1,000 Limit Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

US Bankruptcy Court

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Sam Martin